| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 001136 | A. BUILDING: _____ B. WING _____ | C 12/11/2014 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAKE PARK RESIDENTIAL CARE INC | 2075 RIPLEY ST LAKE STATION, IN 46405 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| R 000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaint IN00160373.<br><br>Complaint IN00160373 - Substantiated. No deficiencies related to the allegations are cited.<br><br>Survey date: December 11, 2014<br><br>Facility number: 001136<br>Provider number: 001136<br>AIM number: N/A<br><br>Survey team:<br>Yolanda Love, RN-TC<br><br>Census bed type:<br>Residential: 126<br>Total: 126<br><br>Census payor type:<br>Medicaid: 122<br>Other: 4<br>Total: 126<br><br>Sample: N/A<br><br>Lake Park Residential Care Inc. was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00160373.<br><br>Quality Review 12/11/14 by Lisa McColly | R 000 | | |